

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/552,875 – Conf #9177
	Filing Date	October 13, 2005
	First Named Inventor	Niki S. Woodhead
	Art Unit	3679
	Examiner Name	Ernesto Garcia
	Attorney Docket Number	20410/0203396-US0

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the practitioners of record;  
☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or  
☒ the practitioners of record associated with Customer Number: 07278

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> 10.40(b)(1)    | <input type="checkbox"/> 10.40(b)(2)            | <input type="checkbox"/> 10.40(b)(3)                       | <input type="checkbox"/> 10.40(b)(4)     |
| <input type="checkbox"/> 10.40(c)(1)(i) | <input type="checkbox"/> 10.40(c)(1)(ii)        | <input type="checkbox"/> 10.40(c)(1)(iii)                  | <input type="checkbox"/> 10.40(c)(1)(iv) |
| <input type="checkbox"/> 10.40(c)(1)(v) | <input type="checkbox"/> 10.40(c)(1)(vi)        | <input type="checkbox"/> 10.40(c)(2)                       | <input type="checkbox"/> 10.40(c)(3)     |
| <input type="checkbox"/> 10.40(c)(4)    | <input checked="" type="checkbox"/> 10.40(c)(5) | <input type="checkbox"/> 10.40(c)(6) Please explain below: |  |

#### Certifications

**Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.**

- ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Per 37 CFR 10.40(c)(5), the practitioner's client knowingly and freely assents to this termination of employment as another practitioner has been engaged to prosecute this patent application.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# **REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: \_\_\_\_\_

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee Name	Saint-Gobain Performance Plastics Rencol Limited		
Address	Unit 16 Concorde Road Patchway			
City	Bristol	State	Zip	BS34 5TB Country UK
Telephone	508-795-5174		Email	Chi.S.Kim@saint-gobain.com
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature	/John W. Branch/			
Name	John W. Branch		Registration No.	41,633
Address	Darby & Darby P.C. P.O. Box 770 Church Street Station			
City	New York	State	NY	Zip 10008-0770 Country US
Date	February 27, 2009		Telephone No. (206) 262-8906	
NOTE: Withdrawal is effective when approved rather than when received.				